

**Examining Employees Perceptions of Workplace  
Health & Well-Being Promotion Initiatives**

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## **Abstract**

The objective of the present study was to examine the perceptions of employees who have participated in workplace health promotion (WHP) initiatives, more specifically, whether the employees perceived the WHP initiatives to have an impact on their well-being, general health or work. Furthermore, the effect of WHP initiatives on the relationship between job demands-resources and positive work outcomes, namely employee resilience, engagement, well-being and affective organisational commitment, was investigated. This study collected perceptions from 107 employees, all of whom were employed in organisations which had engaged in WHP initiatives. Multiple hierarchical regression analyses were performed. Two significant interactions were found – the perception the WHP initiative had an impact on well-being and work had a moderating effect on the relationship between work overload and employee resilience. These findings have implications for organisations developing WHP initiatives targeted at improving the health and well-being. Further investigation of a wider span of perceived impacts and a more targeted examination, such as the type of WHP initiative completed, or the time that the employee spent doing the initiative is warranted.



# **Employee Perceptions of Workplace Health Promotion Initiatives**

## **1. Chapter 1**

Stress is a fact of life – a basic physiological response that occurs when we are all faced with a challenging situation (American Psychological Association, 2015). However, when the levels of stress get so substantial and are left unrestrained, it can start to negatively affect the way a person functions, both personally and professionally. This stress can evolve into debilitating long-term issues that can cost employers thousands of dollars every year in lost productivity, absenteeism and employee turnover for each affected employee (Debnam, 2015). In fact, the American Psychological Association (2015) determined that stress costs American organisations approximately US\$300 million per year in lost revenue due to these factors. Results from the same study concluded that organisations are also spending more money on medical and insurance costs (American Psychological Association, 2015).

However, although stress cannot be completely eliminated, it can be reduced, and employers can implement solutions that will contribute to the reduction in employees' stress levels (Van der Klink, Blonk, Schene, & Van Dijk, 2001). However, organisations are not utilising these solutions to the full capacity; in 2009 – 2010, less than 5% of organisations in the United States of America are utilising Employee Assistance Programs (EAP's; Taranowski & Mahieu, 2013).

According to the World Health Organisation (WHO, 2014), health promotion refers to the process that allows people to take control of their health and wellbeing and its determinants, which thereby improves their overall health. Workplace health promotion (WHP) initiatives can be used to enhance employee health and well-being, which can lead to considerable positive outcomes such as a reduction in absenteeism, and increased work performance and attendance (Conn, Hafdahl, Cooper, Brown, & Lusk, 2009). Hence,

including health promotion initiatives in workplace strategies can lead to positive workplace outcomes and ultimately improved overall organisation performance (Denison & Spreitzer, 1991; Kraimer, Seibert, Wayne, Liden, & Bravo, 2011).

However, participation rates in the WHP initiatives, their results (minor versus major weight loss, level of success of smoking cessation, or levels of change in employee engagement), employee experiences of the programs and the long-term impacts of WHP initiatives vary from organisation to organisation (Anderson et al., 2009; Danna & Griffin, 1999; Shain & Kramer, 2004; Wollard & Shuck, 2011). The exact reason for why there is so much variation is yet to be determined. One potential reason for this may be how employees actually feel about WHP initiatives – whether they think it is worth their time and energy, whether they think it will be effective in the short- and long-term, and whether they think it will have an impact on their well-being, general health or on their work. Therefore it is important to explore how current employees feel about participating in WHP initiatives, and what outcomes they have experienced as a result of their involvement.

### **1.1. Health Promotion**

Zwetsloot, van Scheppingen, Dijkman, Heinrich, and den Besten (2010) define workplace health promotion as the combined efforts of employees and employers that aims to prevent ill-health at work (including work-related accidents and injuries, occupational diseases, and stress) and enhance health and well-being in the workplace.

There are many settings in which health promotion can be applied, including the workplace, schools and hospitals. The workplace has a direct impact on the physical, mental, economic and social well-being of employees, and in turn also influences their families, communities and societies (Chu et al., 2000). Pelletier (2001) stated that the workplace provides an ideal setting to promote health to large relatively stable audiences as employees spend a significant amount of time at work. Workplace settings reduce the effect of barriers

that tend to lower participation rates, which according to Toker, Heaney, and Ein-Gar (2014) come in two forms – implicit and explicit. The former – implicit – refers to barriers that prevent participation because they are expected to be related to characteristics and beliefs, and includes five factors – age, gender, position at work, perceived personal health and perception of organisational commitment to employees' health . The latter – explicit – describes the self-reported reasons for nonparticipation, which includes the reasons that reflect low availability to necessary resources such as lack of knowledge, time and technical expertise, and low expectations or valuation of the resource gain such as initiative outcomes.

Workplaces contribute to a reduction in the implicit and explicit barriers, as perceived by employees, as they are able to provide the necessary resources to the employees. For example, position at work (an implicit barrier) was seen to have an impact on participation rates because lower status positions are often associated with limited access to organisational and knowledge resources, lower job flexibility and enhanced work-home conflict (Toker et al., 2014). Similarly, employees who consciously perceive a lack of resources (explicit barrier) also tend to have lower WHP initiative participation rates. Therefore, if organisations provide the required resources to employees across the board, such as the time and knowledge needed to participate, they will likely optimise participation rates within the organisation and enhance the effectiveness of the initiative.

According to Shain and Kramer (2004), there are three interacting forces that influence workplace health and well-being. The first refers to the influences that employees bring with them into the workplace, such as personal beliefs, attitudes and values, resources/information and health practices/habits. The second describes the physical and psychological influence that the workplace has on the employee once they are there. Inherent to this approach is that an employee's health and well-being is influenced by both work and non-work factors, and ultimately, this affects productivity (Clinton, Walton, Cairns, Reeve, &

Mahony, 2008); individual change will not occur without some form of environmental change. The third force is organisational culture – the organisation's vision, values, norms, systems and beliefs. Aligning individual and organisational culture will be instrumental in enhancing the effectiveness of any WHP initiative (von Thiele Schwarz & Hasson, 2011). If these three elements are optimised and utilised effectively in WHP initiatives, this could result in a significant positive impact on the overall health and well-being of the organisation.

One way to guarantee that an organisation is successful is by ensuring they have healthy, qualified and motivated employees (WHO, 2014). Organisations can simply suggest that their employees to eat healthy and join a gym, but without an organisational change, and encouragement and support from the organisation, the chances of success of any workplace health promotion are slim. An effective WHP initiative can enhance the dynamic balance between organisational demands on the one hand and employee health and well-being, and necessary competencies and availability to resources on the other. This in turn can assist the organisation in becoming a successful competitor in their field (Shain & Kramer, 2004).

There is a wide variety of WHP initiatives, with broad categories such as taking a lifestyle approach by focusing on improving individual health practices (such as eating and physical exercise), taking an occupational health and safety approach by focusing on ergonomics and workplace safety practices, taking an approach that aims to reduce negative work outcomes, such as absenteeism and turnover, or as part of an organisational development approach, in order to make on organisation run more effectively and efficiently (Levi, 2010). Employers need to determine the most appropriate WHP initiative for their organisation.

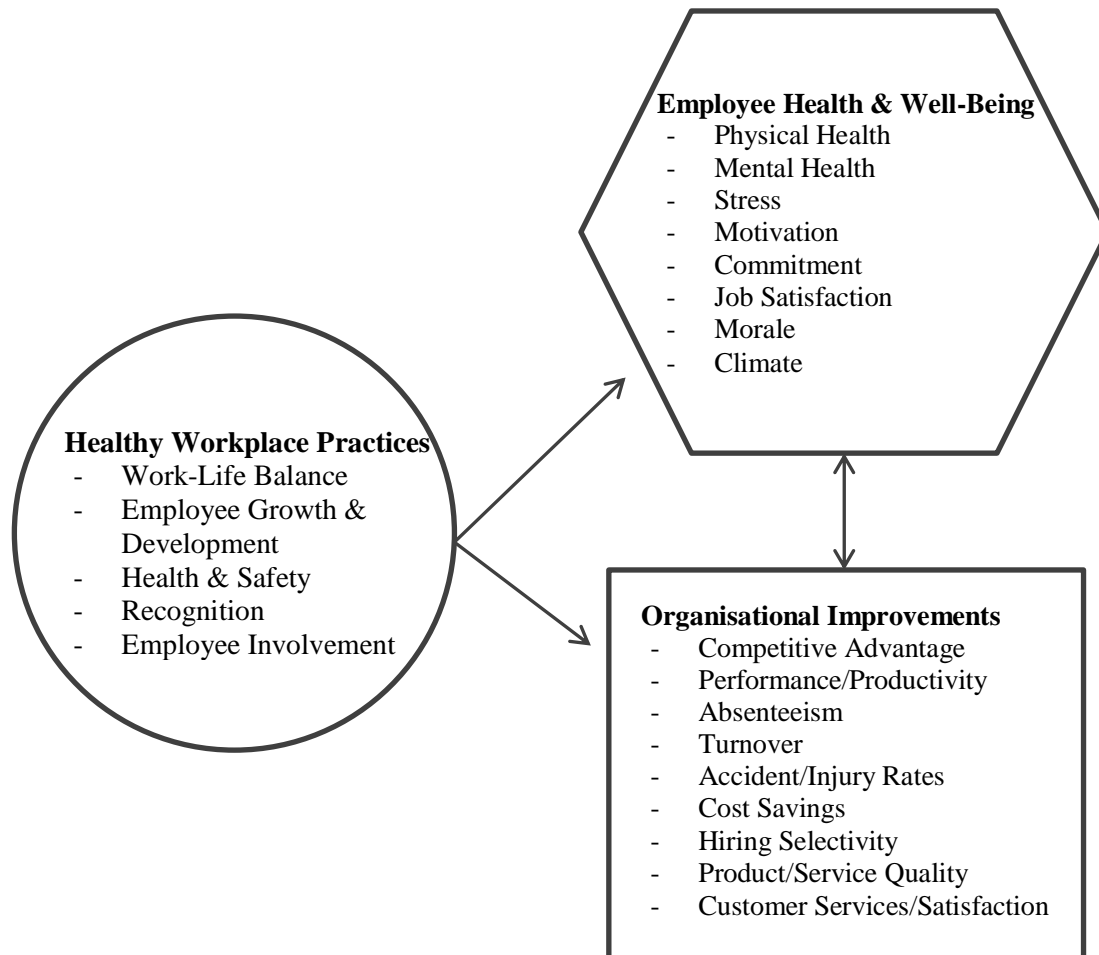
There is no uniform targeted approach to WHP initiatives, but it is vital that all encompass a multidisciplinary approach, incorporating the three aforementioned influencing factors – personal health practices, the physical environment and the organisational culture

(Clinton et al., 2008). For example, an Organisational Development tool that focuses on improving personal health practices such as eating and exercising habits, in conjunction with enhancing workplace engagement as a way of reducing negative work outcomes such as absenteeism and employee turnover will ensure that the WHP initiative produces optimal results, more so than when the organisation simply suggests that employees eat healthy and exercise daily.

## **1.2. Health Promotion and Work Outcomes**

Organisational leaders are always looking for ways to improve their organisation's productivity, which has resulted in an increasingly large number of employers investing in their employees' health and well-being by implementing WHP initiatives (Riedel, Lynch, Baase, Hymel, & Peterson, 2001). According to the WHO (2014), many positive organisational outcomes, for instance reduced turnover and absenteeism, enhanced motivation and improved productivity, can be the result of employing workplace health promotion initiatives, with the aim of improving employees' health and well-being. They can also have an impact on employees' engagement, resilience and affective commitment by changing the organisation's image to one that is positive and caring. In summary, focusing on improving the health and well-being of employees will eventually lead to increases in positive work outcomes and a decrease in negative work outcomes.

Grawitch, Gottschalk, and Munz (2006) devised a framework that encompasses five categories of organisational practices that includes health programs and policies to achieve optimal employee health and well-being and positive organisational work outcomes and effectiveness. This framework is outlined in Figure 1.



*Figure 1: The PATH model – a framework (outlined by Grawitch, Gottschalk and Munz (2006)) that depicts the relationship between WHP initiatives and employee health & well-being and organisational outcomes*

When analysing the aforementioned relationships in closer detail, Mathieu and Zajac (1990) and Griffeth, Hom, and Gaertner (2000) determined that organisational commitment has been associated with lower rates of employee turnover and higher performance rates; Aldana and Pronk (2001) provided evidence that supported the relationship between WHP initiatives, employee stress, employee health and absenteeism; and Cooper and Williams (1994) determined that approximately half of all workplace absences are related to unhealthy

work environments or stress (Grawitch et al., 2006). Collectively, these findings reflect the need to consider a variety of different practices targeting different employee factors, such as the physical, mental and emotional health, when evaluating organisational outcomes, such as absenteeism, productivity and turnover.

The relationships represented the PATH framework (Figure 1) signify the importance of including WHP initiatives, which support healthy work practices, in the workplace, and the organisational outcomes that could be enhanced if these practices were to be effectively implemented in an organisation. If they are not effectively implemented, employees and employers alike will not optimally benefit from the healthy workplace practice. One potential way to ensure the effectiveness of the implementation by evaluating the perceptions of the employees participating in the WHP initiative will be investigated in this study.

As can be seen by the previous research supporting the relationship between WHP initiatives, employee health and well-being and organisational outcomes, in order for an organisation to be at a competitive advantage, they must invest the time and money into health and well-being practices. However, employees' perceptions also contribute to the success of the WHP initiatives which makes it important to understand the role of these perceptions more.

### **1.3. Importance of Utilisation and Perceptions**

If organisations employ WHP initiatives, it is critical that they have been tailored to suit that particular organisation; what works in one organisation may not work in another due to a myriad of differences, such as employees needs and wants, organisational size, industry, geographic region and culture (Grawitch, Ledford Jr, Ballard, & Barber, 2009). For example, the same initiative may not produce the same, or even similar, results for a factory with shift workers as in an office, where staff work 8-5, as the employees' schedules and lives may differ drastically. Investing in an initiative focusing on healthy eating (which includes eating

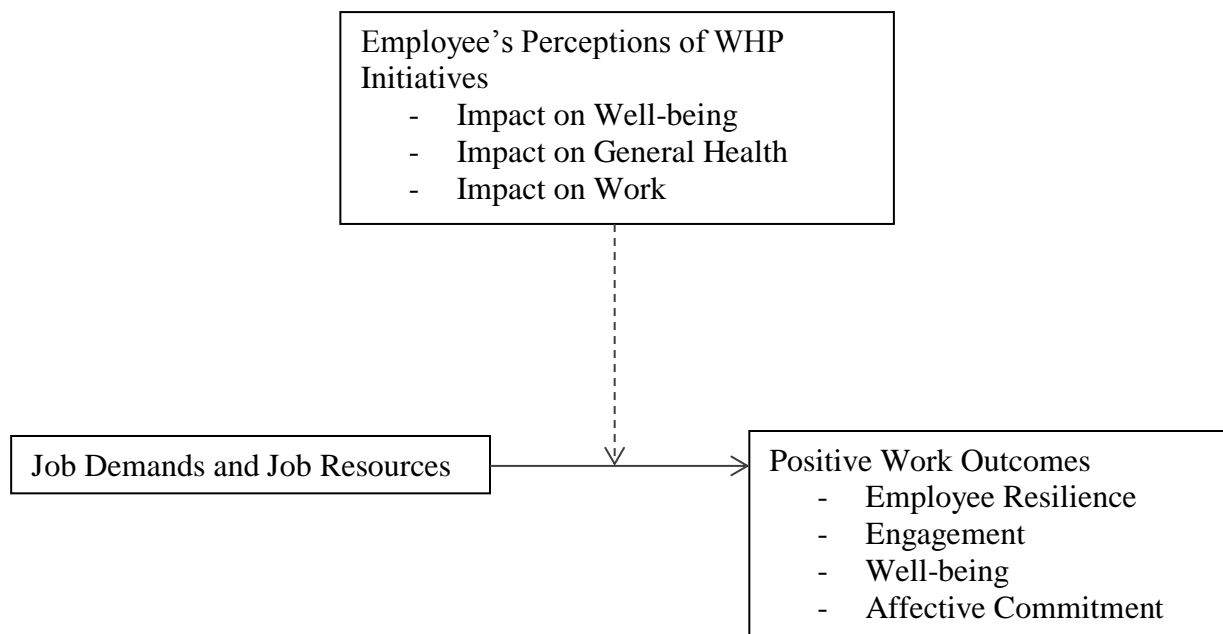
regular meals) would be difficult to do while on shift, but would be more suitable to office workers who work regular hours. Payne (2006) also found that the more tailored a WHP initiative is to an organisation's demands and constraints (such as structure, culture, strategy and technology), the greater the organisation's financial performance. von Thiele Schwarz and Hasson (2011) also spoke to the point that regardless of the particular focus of the intervention (whether it had more of a focus on health such as physical fitness or well-being such as employee resilience), as long as the WHP initiative considered employee specifications, wants and needs, there was an increase in productivity, even when the intervention took place during work hours (employees worked reduced hours). This really reflects that a one-size-fits-all approach to WHP initiatives is not as effective as a tailored initiative when it comes to enhancing the health and well-being of employees and ultimately increasing organisational productivity and performance.

It is one thing to state that it is important that organisation's look after the health and well-being of their employees, but it is of utmost importance to determine how a particular organisation's employees actually feel about the utilisation of WHP initiatives, since this may determine their involvement. Grawitch and colleagues (2009) determined that employee involvement is critical to the success of any WHP initiative. As has already been mentioned, the workplace occupies a central component of the majority of employees' lives; more time and energy is spent in the workplace than any other area of one's life. Because of this, organisations should dedicate the time and effort necessary to identify, develop and facilitate the initiatives, policies and practices that enable each employee to thrive in the workplace and optimises both employee and organisational outcomes (Grawitch et al., 2006). In order to actually create a healthy workplace, employees need to be actively involved in the initiatives and ultimately in shaping the organisation; Nöhammer, Stummer, and Schusterschitz (2011) determined that there is increased motivation and adherence when expectations of WHP



initiatives are met. Although there is limited literature on employee perceptions and involvement in WHP initiatives, according to Grawitch and colleagues (2009) employee involvement is paramount to the success of creating healthy work environments that result in long-term benefits for both the employee and organisation alike.

For the present study, it was vital that all components of the proposed model (Figure 2; which incorporated components of Grawitch and colleagues (2006) framework and the importance of employees' perceptions of WHP initiatives) were defined. These are depicted in Figure 2.



*Figure 2: Proposed model for the present study*

#### **1.4. Job Demands and Job Resources**

Generally speaking, job demands are the tasks that have to be completed. Schaufeli and Bakker (2004) defined job demands more specifically as being the physical, psychological, social or organisational aspects of the job that result in some form of physiological and/or psychological costs due to the prolonged nature of the effort that is required. Although not all demands are negative, some may turn into job stressors; when

demands require high levels of effort, they tend to result in high costs provoking the representation of negative responses such as high stress levels, anxiety and disengagement.

Job resources are essential to deal with the job demands and allow tasks to be met. They are the physical, psychological, social or organisational aspects of the job that either curtail any job demands and ultimately the associated physiological and psychological costs, or they are practical in reference to achieving work goals, or they enhance personal growth, learning and development (Schaufeli & Bakker, 2004). However, according to Hobfoll (2002) resources can also be important in their own right, such as self-esteem and health.

As depicted in Figure 2 below, Bakker and Demerouti (2007) identify the presence of specific demands, such as work overload, and a lack of resources, such as support and autonomy, that predict burnout (or strain) which can lead to negative organisational outcomes such as disengagement, absenteeism and turnover (Schaufeli & Bakker, 2004).

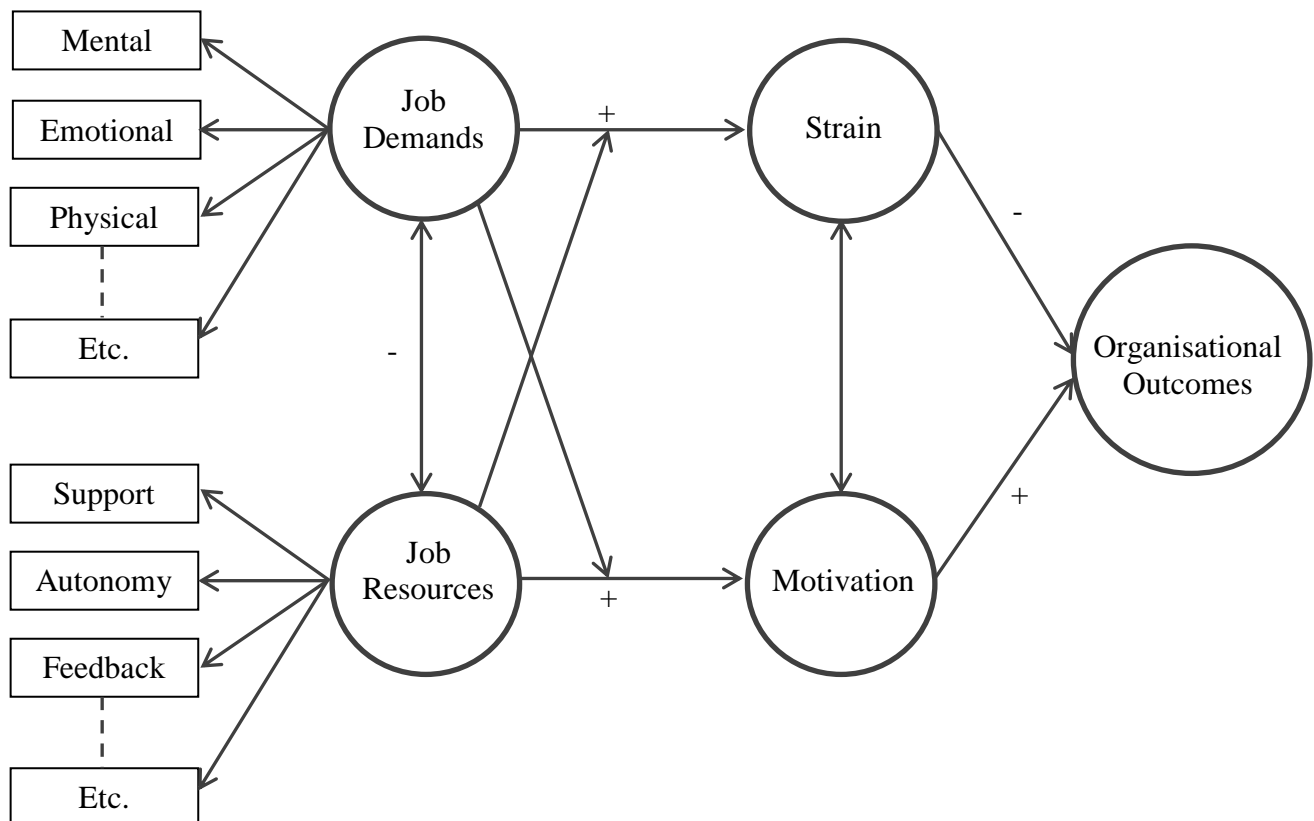


Figure 3: The Job Demands-Resources Model (as outlined in Baker & Demerouti, 2007).

## 1.5. Positive Work Outcomes

In reviewing the literature, there are many supporting studies emphasising the benefits for both the organisation and the employee of implementing health promotion initiatives in the workplace. These include an increase in health behaviours such as diet/nutrition and physical activity; a decrease in clinical risks such as cholesterol and blood pressure; economic impacts such as reduced absenteeism, turnover and increased staff morale and productivity, and improved health and well-being, job satisfaction, and reduced stress levels (Aldana & Pronk, 2001; Anderson et al., 2009; Conn et al., 2009; Danna & Griffin, 1999; Harter, Schmidt, & Hayes, 2002; McCraty, Atkinson, & Tomasino, 2003; Shain & Kramer, 2004; Stokols, Allen, & Bellingham, 1996).

Outlined below is a description of the outcomes of job demands and job resources – both of which contribute to work outcomes (as described above in Figure 2) – and some of the many positive work outcomes – engagement, organisational/employee resilience, affective organisational commitment, and health and well-being – that tend to follow the implementation of WHP initiatives.

**Organisational/Employee Resilience.** Organisational resilience has been described by many and from this it can be concluded that resilience is not a static condition but one that varies over time, depending on the nature and consequences of ever-changing situations. Hence, organisational resilience is thought by some authors to have different but related meanings – foreseeing and preventing negative consequences from occurring in the first place; prevent the negative consequences from worsening over time; and ability to adapt and recover from any negative consequence that has occurred (Mallak, 1998).

Organisational resilience can be briefly described as an organisation's ability to deal with, adapt to and recover from any changing situation. More specifically, Horne (1997) concluded that resilience is a fundamental quality that is represented to varying degrees in

different capacities such as individuals, groups, organisations and systems as a whole. High levels of resilience ultimately lead to a positive response to changes that disrupt the normal working systems within an organisation, which would otherwise result in non-productive behaviours (Horne, 1997; Riolli & Savicki, 2003). Similarly, resilience is the ability for systems to be able to retain essentially the same function, structure, feedbacks and therefore identity when they experience changes (Walker et al., 2006).

Employee resilience is defined by the qualities that enable individuals, communities and organisations to cope with and adapt to changes and adversity (Naswall, Kuntz, Hodliffe, & Malinen, 2013); it describes the way in which people manage the ever-changing situations that are experienced in the workplace (Shin, Taylor, & Seo, 2012; Waugh, Fredrickson, & Taylor, 2008). According to Youssef and Luthans (2007), resilience allows for not only recovery from an adverse event, but also for proactive learning and growth by overcoming the any challenge that may come their way. Many studies that have reflected the applicability of resilience and its relation to performance in the workplace (Coutu, 2002; Harland, Harrison, Jones, & Reiter-Palmon, 2005; Luthans, Avolio, Walumbwa, & Li, 2005; Luthans, Vogelgesang, & Lester, 2006; Waite & Richardson, 2004; Zunz, 1998).

In the present study, it is expected that employee resilience will be negatively related to job demands and positively related to job resources.

**Engagement.** Kahn (1990) originally defined employee engagement as “the harnessing of organisation member’s selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during their role performances” (pg. 694). Conversely, personal disengagement is defined as “the uncoupling of selves from work roles; in disengagement, people withdraw and defend themselves physically, cognitively or emotionally during role performances” (pg. 694). In summary,

Kahn (1990) describes work engagement as being psychologically present when in a role (as cited in Saks, 2006).

Rothbard (2001) extended on this saying that engagement is made up of two critical components being attention and absorption. The former relates to the “cognitive availability and the amount of time one spends thinking about the role”, while the latter “means being engrossed in a role and refers to the intensity of one’s focus on a role” (pg. 656). Similarly Schaufeli, Salanova, González-Romá, and Bakker (2002) described engagement to be a fulfilled, positive and work-related state of mind characterised by dedication, vigour and absorption. In other words, engaged employees are enthusiastic, have high levels of energy and are full immersed in their work (Bakker, 2008). There have been many claims made that employee engagement leads to positive work outcomes such as organisational success and financial performance (Bates, 2004; Baumruk, 2004; Harter et al., 2002; Richman, 2006). However, when employee engagement declines, this tends to lead to a loss in productivity and therefore a decrease in financial success (Bates, 2004; Richman, 2006; Saks, 2006).

In the present study, it is expected that engagement will be negatively related to job demands and positively related to job resources.

**Health and Well-being.** There is a vast amount of literature pertaining to workplace health and well-being, including physical (cf. Anderson et al., 2009; Conn et al., 2009; Cooper, Kirkcaldy, & Brown, 1994), and emotional and psychological (cf. Alexander & Klein, 2001; Cartwright & Cooper, 1993; McCraty et al., 2003). This means that there are a lot of different ways at looking at health and well-being.

Wellbeing is an important component in the success of a business (Dimotakis, Scott, & Koopman, 2011). Helliwell and Huang (2011) describe it as feeling like enthusiasm and self-involvement in a task or collective; it looks like a proactive, value-directed behaviour; and certain traits and supportive learning climates promotes it.

From an organisational management perspective, well-being in the workplace is important because it has a major impact on quality, performance and productivity, and therefore on business effectiveness and ultimately on profit. According to Aked, Marks, Cordon, and Thompson (2008) when a person's wellbeing reduces, so typically does his or her performance and effectiveness.

Within organisations, if staff well-being is destabilised by high job demands, many key organisational performance factors can be negatively impacted, such as reduced productivity, increased mistakes and errors, conflict, increased sickness and absenteeism, low morale and negative atmosphere, poor customer service, and resignations and job terminations.

Various pressures at work contribute to a decrease in well-being; pressures involving deadlines, responsibilities, task complexity, challenges, relationships and more, can seriously reduce our well-being, especially when people are not equipped with the tools to recognise and deal with the pressures when they arise (Spence, 2013).

Workplace culture helps aid the effect of stress on the employees by providing the necessary job resources to employees – when the culture encourages challenges and competition between the managers and their staff, there is a varying level of stress that can be tolerated and accepted (Taormina, 2009). It is important that leadership encourages this type of culture to ensure that employees' well-being is at an optimal level. Hence, understanding the risks in relation to stress and well-being is increasingly important for organisations.

Danna and Griffin (1999) devised a framework that combined key components of health and well-being and included antecedents and consequences. This can be seen below in Figure 3. This research will focus on the pathway Occupational Stress → Well-being in the Workplace → Organisational Consequences.

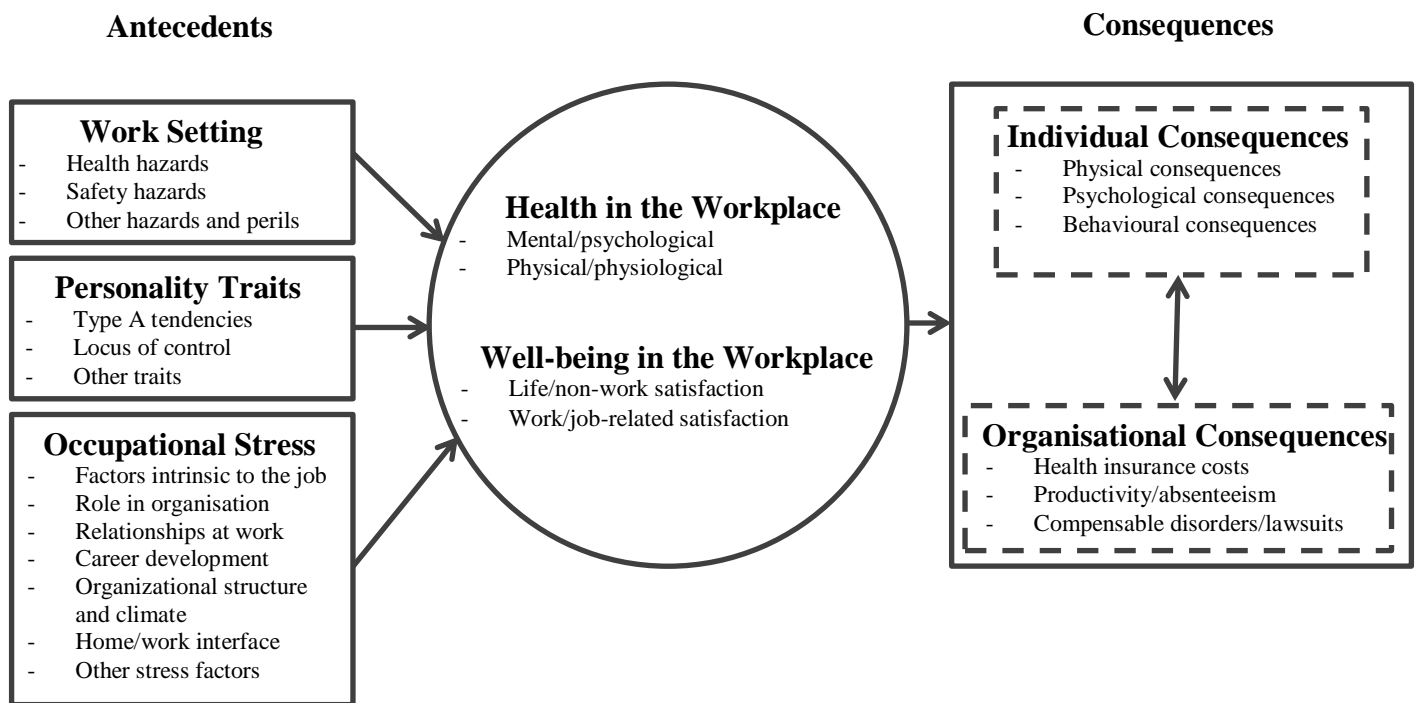


Figure 4: A framework outlining the core constructs of workplace health and well-being, and the potential antecedents and consequences (as constructed by Danna & Griffin, 1999)

**Affective Commitment.** The three separate organisational commitment components were first conceptualised by Allen and Meyer (1990). Organisational commitment collectively consists of affective, continuance and normative commitment – employees remain because they want to, employees remain because they need to, and employees remain because they feel they ought to (respectively).

More specifically, Allen and Meyer (1990) define affective commitment as an “employees’ emotional attachment to, identification with, and involvement in, the organisation” (pg. 1); an employee who has high affective commitment will identify with, is involved with and enjoys being a member of the organisation (Shore & Wayne, 1993).

In the present study, it is expected that employee resilience will be negatively related to job demands and positively related to job resources.

### **1.6. The Present Study**

How employees perceive, and whether they see the benefit in, workplace health promotion (WHP) initiatives are vital for the success of the implementation of an initiative, and ultimately, the overall workplace health and well-being and organisations productivity and performance. Therefore, in order to determine exactly what is best for the organisation, it is necessary to not only tailor WHP initiatives based on the organisation's constraints and demands, but also include feedback from employees on what helps the employees thrive. The initial stage of WHP initiatives should focus on collecting and implementing employees' perceptions and feedback in order to ultimately enhance employee health and wellbeing, including employee resilience and engagement. These employee perceptions are important for the organisation to understand when determining the current strength of the relationship between job demands and job resources, and positive work outcomes. It will also be beneficial for the organisations to understand how to enhance this relationship.

The objective of the present study was to examine the perceptions of employees who have participated in WHP initiatives, more specifically, whether the employees perceived the WHP initiatives to have an impact on their well-being, general health or work. Furthermore, the effect of WHP initiatives on the relationship between job demands-resources and positive work outcomes, namely employee resilience, engagement, well-being and affective organisational commitment, was investigated.



## **1.7. Research Questions**

Based on the considerations above, the following questions were central to this research:

*RQ1.* Do employees in organisations which have formal WHP initiatives in place, perceive that WHP initiatives have had/is having an impact on their well-being, general health and/or work?

*RQ2.* How do the perceptions of workplace health promotion initiatives affect the relationship between job demands-resources and positive work outcomes (employee resilience, engagement, well-being and affective commitment)?

## **2. Chapter 2**

### **Methods**

#### **2.1. Participants**

Participants were 107 (92 females and 15 males) employees from a variety of jobs and organisations, most of whom have completed, or are currently undergoing, a workplace health and well-being program. The mean age was 37 years (SD is 9.8 years; range 20-64 years). Participants had been in their current position for an average of 3.2 years (SD is 3.5 years; range 0-18.8 years), and in the industry an average of 9.2 years (SD is 9.0 years; range 0.2-44 years). 17 participants were in supervisory roles, 60 in office worker roles, 4 in manual labour roles, and 26 in other roles. All organisations were involved in some form of WHP initiative, and made some form of health promoting activities available to their employees, for example, physical activity programs, health eating advice, or focus on engagement.

#### **2.2. Procedure**

Participants were recruited by placing a summarising, upbeat version of the introduction sheet (refer to Appendix A) on a website run by a Christchurch-based workplace wellness company. Each participant had a sub-website particular to their organisation. A link to further information was included on the home page, on the side bar, and emails were sent out (via an automated system). At the conclusion of the survey, participants were given the option to go into the draw to win one of two \$100 vouchers.

Participants were asked to complete the survey as part of a Masters in Applied Psychology (Industrial and Organisational Psychology) dissertation. Participation was voluntary and they were informed that their responses would remain anonymous and confidential. The survey included an information sheet (Appendix B) and consent form (Appendix C) that informed participants about the general purpose of the study. Informed

consent was given by the participants; they were instructed to read the information and provide consent by clicking the “next” button. Participants were then asked to fill out demographic information such as gender, age, job title and tenure and then responded to each item measuring the study variables based on the extent to which they agreed or disagreed with the statement or question. They were advised to answer the questions as honestly as possible. At the conclusion of the study, a summary of results will be available for all participants.

### **2.3. Measures**

A full list of the questionnaire can be found in Appendix D.

Participants indicated their level of agreement or disagreement with the statements on a seven-point Likert scale, ranging from (1) strongly agree to (7) strongly disagree. Prior to analysis, all scales were reverse scored resulting in higher numbers representing higher levels of the construct. For example, prior to reverse scoring, ‘6’ would represent low engagement levels. However, after reverse scoring, a mean of ‘6’ represents high level of engagement.

**Employee Resilience Behaviours Scale.** The Employee Resilience Behaviours Scale, developed by Naswall et al. (2013), is used to examine how employees cope and recover from changes in the workplace. The scale consists of nine items. A sample item is “I use change at work as an opportunity for growth”. The reliability coefficient for the present study is 0.80.

**Work Engagement.** The Utrecht Work Engagement Scale (UWES) was developed to assess the three components of work engagement as defined by Schaufeli and Bakker (2003) – vigour, dedication and absorption. The scale included 16 items. A sample item for vigour is “At my work, I feel bursting with energy”; a sample item for dedication is “I find the work that I do full of meaning and purpose”; and a sample item for absorption is “When I am

working, I forget everything else around me”. The reliability coefficient for the scale combining all three components in the present study is 0.94.

**General Health Questionnaire (GHQ) Well-being.** The GHQ Well-being scale assesses the psychological well-being of employees, and can be helpful in diagnosing any sources of distress for them as well as any predisposing factors (Goldberg & Williams, 1988). It consists of 12 items. A sample item for well-being is “Have you recently: felt constantly under strain?” The reliability coefficient from the present study is 0.87.

**Job Demands-Resources.** Demerouti, Bakker, Nachreiner, and Schaufeli (2001) developed the Job Demands-Resources Scale (JDRS) to measure job demands and job resources. The JDRS consists of 41 items measuring pace and amount of work, mental and emotional load, variety in work, opportunities to learn, independence in work, relationships with colleagues, relationship with immediate supervisor, ambiguities about work, information, communications, participation, contact possibilities, uncertainty about the future, remuneration, and career possibilities. A sample item is “In your work, do you feel appreciated by your supervisor?” The JDRS is comprised of seven factors – organisational support ( $\alpha = 0.91$ ), growth opportunities ( $\alpha = 0.88$ ), overload ( $\alpha = 0.81$ ), job insecurity ( $\alpha = 0.95$ ), relationship with colleagues ( $\alpha = 0.70$ ), control ( $\alpha = 0.70$ ), and rewards ( $\alpha = 0.89$ ).

**Affective Organisational Commitment.** Affective Organisation Commitment refers to the level of emotional attachment, involvement and identification to the organisation that the employee feels (Meyer, Stanley, Herscovitch, & Topolnytsky, 2002). The scale consists of seven items. A sample item is “I do not feel ‘emotionally attached’ to this organisation”. The reliability coefficient from this particular study is 0.85.

**Perceptions of Programs.** In order to determine employees’ perceptions of workplace health promotion (WHP) initiatives, questions were adapted from a study conducted by Nöhammer, Schusterschitz, and Stummer (2013) which investigated the

benefits and effects the employees perceived to have after completing an WHP initiative. This section of the questionnaire included 3 questions. These included “Do you think this intervention has had/is having an impact on your well-being?”, “Do you think this intervention has had/is having an impact on your general health?” and “Do you think this intervention has had/is having an impact on your work?” These questions were either ‘yes’ (1) or ‘no’ (2). Participants were also asked to comment or give evidence in support of their answer.

### **3. Chapter 3**

## **Results**

### **3.1. Data Clean-up**

The data that was collected from different sources was compiled into one data set. 16 participants' entries were removed from the data set due to incomplete data. Variable names were assigned to all items, and all appropriate items were reverse coded. The reliability coefficients were calculated for each item, and once deemed reliable, scales were created for each of the four positive work outcomes – employee resilience, engagement, well-being and affective commitment. The job demands-resources scale was comprised of seven subscales – organisational support, growth opportunities, overload, job insecurity, colleague relationships, control and rewards – which were individually tested for reliability and indexed.

### **3.2. Statistical Analysis Introduction**

#### **3.2.1. Correlations**

The descriptive statistics and intercorrelations for the study variables are presented in Table 1. The findings from the present study indicate that almost a third (28%) of employees perceived WHP initiatives to have an impact on their well-being ( $M=1.72$ ,  $SD=.45$ ); almost half (45%) perceived the WHP initiatives to have an impact on their general health ( $M=1.55$ ,  $SD=.50$ ); and a third of employees (33%) perceived the WHP initiatives to have an impact on their work ( $M=1.67$ ,  $SD=.47$ ).

Table 1. *Descriptive statistics and intercorrelations for the study variables*

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1.Organisational Support	5.12	1.09													
2.Growth Opportunities	5.34	1.09	.448**												
3.Job Overload	4.47	1.12	-0.08	0.19											
4.Job Insecurity	3.16	1.70	-.243*	-.310**	0.01										
5.Colleague Relationships	5.84	0.89	.303**	.245*	-0.07	-.426**									
6.Control	4.71	1.05	.664**	.545**	0.00	-.224*	.332**								
7.Rewards	4.64	1.58	.377**	.316**	-.259**	-.351**	.383**	.501**							
8.Employee Resilience	5.94	0.55	.279**	.389**	.200*	-0.17	0.12	.259**	0.08						
9.Engagement	4.99	0.98	.318**	.592**	.308**	-0.05	0.19	.354**	0.15	.503**					
10.Well-being	4.90	0.97	.331**	.311**	-.204*	-.209*	.255**	.293**	.272**	.316**	.240*				
11.Affective Commitment	4.35	1.21	.402**	.513**	0.07	-0.04	0.13	.582**	.337**	.331**	.482**	0.14			
12. Impact on Well-being	1.72	0.45	-0.13	0.01	0.06	-0.02	-0.04	-0.10	-0.02	-0.09	0.02	-0.18	-0.02		
13. Impact on General Health	1.55	0.50	-0.19	-0.03	0.02	-0.05	0.00	-0.18	0.07	-0.17	-0.03	-0.14	0.10	.847**	
14. Impact on Work.	1.67	0.47	-0.02	-0.03	-0.09	-0.22	-0.05	-0.20	0.06	-0.16	-0.23	-0.18	-.274*	.480**	.452**

\*  $p<0.05$ ; \*\*  $p<0.01$ ; Listwise  $n=107$ .

### **3.2.2. Moderated Regression**

All variables were centred by calculating the mean of each variable and subtracting this from the variable. 21 interaction terms were calculated by multiplying the centred perceptions of WHP initiatives (impact on: well-being, general health and work) with each of the seven centred subscales of the job demands-resources scale (organisational support, growth opportunities, overload, job insecurity, colleague relationships, control and rewards).

Separate multiple hierarchical regression analyses were conducted for each of the outcome variables in which each perception of the WHP initiative was regressed on the seven job demands and. These are shown in Tables 1, 2, and 3 respectively.

## **3.3. Consequences of Workplace Health Promotion Initiatives**

### **3.3.1. Perceptions of WHP Initiatives Impact on Well-being**

**Main effects of Job Demands and Resources.** The moderation regression analyses examining the impact of WHP initiatives on well-being are represented in Table 2. As can be seen in Step 1, the predictors explained a significant proportion of variance in employee resilience ( $R^2=0.22$ ), of the predictors, growth opportunities was positively related to employee resilience ( $\beta = 0.30$ ,  $*p < 0.05$ ); for engagement, the predictors explained a significant proportion of variance ( $R^2=0.43$ ), and of the predictors growth opportunities, overload and job insecurity were positively related to engagement; for well-being, the predictors explained a significant proportion of variance ( $R^2=0.26$ ), of the predictors growth opportunities and overload; and for affective commitment, the predictors explained a significant proportion of variance ( $R^2=0.43$ ), and of the predictors growth opportunities and control were positively related to affective commitment.



Table 2. *Employee perceptions of the impact of WHP initiatives on well-being*

	Employee Resilience				Engagement				Well-Being				Affective Commitment			
	Step 1		Step 2		Step 1		Step 2		Step 1		Step 2		Step 1		Step 2	
	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta
<b>Organisational Support</b>	0.07	0.14	0.05	0.10	0.10	0.11	0.14	0.16	0.11	0.13	0.14	0.16	0.02	0.02	0.09	0.08
<b>Growth Opportunities</b>	0.15*	0.30*	0.18**	0.34**	0.47**	0.52**	0.46**	0.51**	0.25	0.28	0.23	0.26	0.36**	0.32**	0.30*	0.27*
<b>Overload</b>	0.07	0.15	0.05	0.11	0.20**	0.23**	0.19	0.22	-0.21	-0.24	-0.20	-0.23	0.04	0.03	0.07*	0.06*
<b>Job Insecurity</b>	-0.02	-0.06	-0.01	-0.03	0.12*	0.20*	0.10	0.18	-0.01	-0.02	-0.02	-0.03	0.14	0.19	0.14*	0.19*
<b>Colleague Relationships</b>	0.01	0.01	-0.02	-0.03	0.13	0.11	0.10	3.09	0.13	0.12	0.13	0.11	-0.07	-0.05	-0.64	-0.05
<b>Control</b>	0.02	0.03	-0.01	-0.02	-0.01	-0.01	-0.02	-0.02	0.01	0.01	0.03	0.03	0.45**	0.40**	0.47**	0.41**
<b>Rewards</b>	-0.02	-0.05	0.02	0.50	0.02	0.33	0.00	0.00	0.02	0.03	0.00	0.01	0.10	0.13	0.06	0.07
<b>Impact on Well-being</b>	-1.05	-0.09	-0.10	-0.08	0.06	0.26	0.06	0.03	-0.31	-0.14	-0.33	-0.15	0.03	0.01	0.00	0.00
<b>R Squared</b>	0.22				0.43				0.26				0.43			
<b>I_WB_OrgSupport</b>			-0.01	-0.01			-0.07	-0.04			0.13	0.06			0.10	0.04
<b>I_WB_GrowthOps</b>			-0.04	-0.04			-0.21	-0.11			-0.08	-0.04			-0.28	-0.11
<b>I_WB_Overload</b>			0.331*	0.26*			-0.04	-0.02			-0.05	-0.02			-0.39	-0.14
<b>I_WB_JobIn</b>			0.02	0.02			-0.04	-0.03			0.14	0.10			-0.20	-0.11
<b>I_WB_ColRel</b>			-0.08	-0.05			0.48	0.16			0.16	0.06			0.09	0.03
<b>I_WB_Control</b>			0.06	0.05			-0.13	-0.06			-0.08	-0.03			-0.04	-0.02
<b>I_WB_Rewards</b>			0.10	0.13			-0.05	-0.04			0.05	0.03			-0.07	-0.04
<b>R Squared</b>			0.29				0.47				0.28				0.48	
<b>Change in R Squared</b>			0.07				0.05				0.01				0.05	

Note: \* $p < 0.05$ ,  $p < 0.01$ ; I\_WB\_Xxx = Interaction variable between well-being and each job demand and job resource

Table 3. *Employee perceptions of the impact of WHP initiatives on general health*

	Employee Resilience				Engagement				Well-Being				Affective Commitment			
	Step 1		Step 2		Step 1		Step 2		Step 1		Step 2		Step 1		Step 2	
	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta
<b>Organisational Support</b>	0.08	0.14	0.12	0.21	0.21	0.21	0.23	0.23	0.09	0.10	0.17	0.18	-0.11	-0.10	-0.11	-0.09
<b>Growth Opportunities</b>	0.18*	0.35*	0.19*	0.37*	0.52**	0.58**	0.52**	0.58**	0.17	0.20	0.18	0.21	0.40	0.38	0.39	0.37
<b>Overload</b>	0.05	0.09	0.03	0.06	0.22*	0.23*	0.21	0.22	-0.11	-0.13	-0.12	-0.14	-0.02	-0.02	0.06	0.05
<b>Job Insecurity</b>	-0.02	-0.05	0.00	0.01	0.16*	0.25*	0.14	0.23	-0.07	-0.13	-0.08	-0.14	0.17	0.23	0.12	0.17
<b>Colleague Relationships</b>	0.08	0.10	0.08	0.11	0.14	0.11	0.13	0.11	0.14	0.12	0.13	0.11	0.01	0.01	0.01	0.00
<b>Control</b>	-0.05	-0.09	-0.08	-0.14	-0.13	-0.13	-0.14	-0.14	-0.01	-0.01	-0.01	-0.01	0.52	0.43	0.55	0.46
<b>Rewards</b>	0.01	0.03	0.02	0.04	0.15	0.21	0.12	0.18	0.09	0.14	0.06	0.10	0.06	0.07	0.08	0.10
<b>Impact on General Health</b>	-0.18	-0.15	-0.20	-0.16	-0.01	-0.01	0.00	0.00	-0.25	-0.13	-0.20	-0.10	0.41	0.17	0.37	0.15
<b>R Square</b>	0.26				0.54				0.24				0.44			
<b>I_GH_OrgSupport</b>			0.24	0.20			0.08	0.04			0.06	0.03			0.08	0.03
<b>I_GH_GrowthOps</b>			0.13	0.13			-0.11	-0.06			-0.01	0.00			-0.24	-0.11
<b>I_GH_Overload</b>			0.17	0.15			0.10	0.05			0.29	0.16			-0.22	-0.10
<b>I_GH_JobIn</b>			0.18	0.25			-0.06	-0.05			0.18	0.15			-0.28	-0.19
<b>I_GH_ColRel</b>			0.05	0.03			0.28	0.11			0.21	0.09			-0.64	-0.21
<b>I_GH_Control</b>			-0.27	-0.22			-0.38	-0.18			-0.54	-0.28			-0.16	-0.06
<b>I_GH_Rewards</b>			0.07	0.08			0.13	0.09			0.28	0.22			0.08	0.05
<b>R Square</b>			0.34				0.57				0.31				0.51	
<b>R Square Change</b>			0.08				0.03				0.07				0.07	

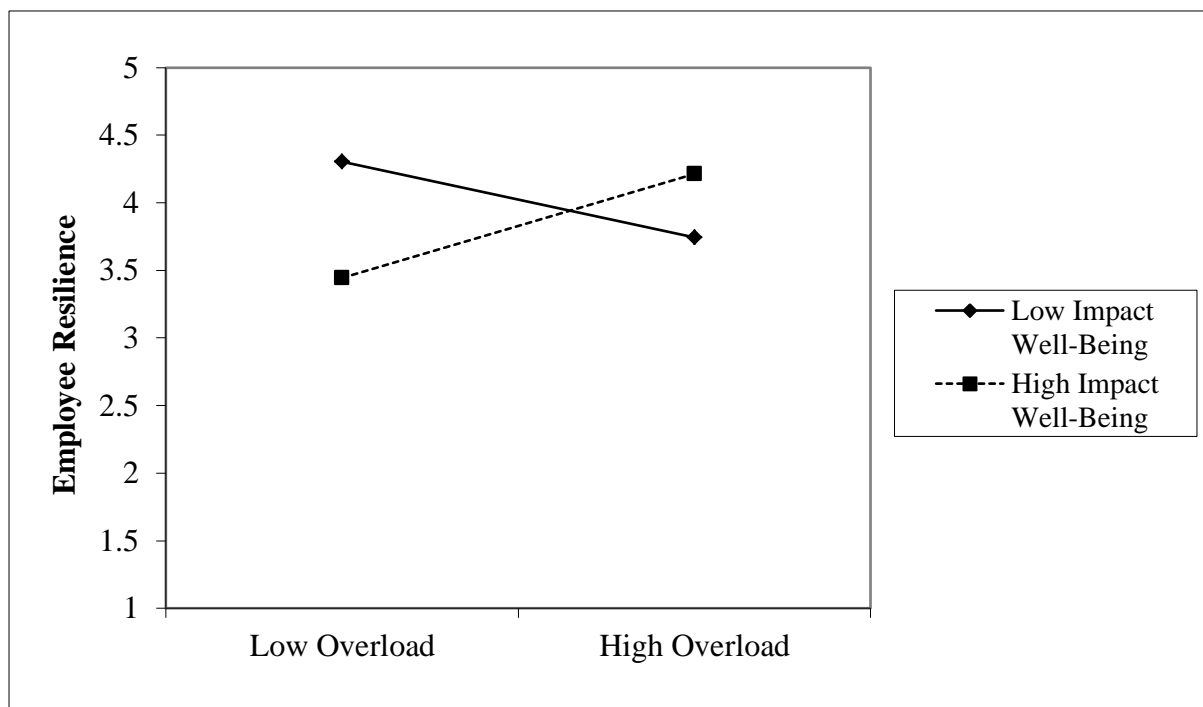
Note: \* $p < 0.05$ ,  $p < 0.01$ ; I\_GH\_Xxx = Interaction variable between general health and each job demand and job resource

Table 4. *Employee perceptions of the impact of WHP initiatives on work*

	Employee Resilience				Engagement				Well-Being				Affective Commitment			
	Step 1		Step 2		Step 1		Step 2		Step 1		Step 2		Step 1		Step 2	
	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta	B	Beta
<b>Organisational Support</b>	0.11	0.20	0.07	0.13	0.252*	0.254*	0.24	0.24	0.14	0.16	0.16	0.18	-0.09	-0.07	-0.19	-0.16
<b>Growth Opportunities</b>	0.19*	0.36*	0.18*	0.35*	0.53**	0.60**	0.53**	0.60**	0.17	0.21	0.19	0.23	0.44**	0.42**	0.54**	0.52**
<b>Overload</b>	0.03	0.05	0.04	0.07	0.195*	0.211*	0.222*	0.24*	-0.13	-0.15	-0.14	-0.16	-0.03	-0.03	-0.07	-0.07
<b>Job Insecurity</b>	-0.03	-0.09	-0.01	-0.03	0.13	0.20	0.143*	0.23*	-0.11	-0.19	-0.09	-0.16	0.14	0.18	0.18	0.24
<b>Colleague Relationships</b>	0.05	0.07	0.08	0.11	0.10	0.08	0.11	0.09	0.09	0.08	0.14	0.12	-0.03	-0.02	0.04	0.03
<b>Control</b>	-0.08	-0.13	-0.06	-0.11	-0.22	-0.21	-0.26	-0.25	-0.07	-0.08	-0.09	-0.10	0.37	0.31	0.35	0.29
<b>Rewards</b>	0.01	0.03	0.04	0.09	0.16*	0.24*	0.16*	0.24*	0.09	0.15	0.08	0.12	0.10	0.13	0.09	0.11
<b>Impact on Work</b>	-0.24	-0.19	-0.24	-0.18	-0.44*	-0.20*	-0.42	-0.19	-0.49	-0.24	-0.35	-0.17	-0.48	-0.18	-0.54	-0.21
<b>R Square</b>	0.27				0.57				0.28				0.45			
<b>I_Work_OrgSupport</b>			-0.16	-0.14			-0.03	-0.02			-0.11	-0.06			0.01	0.00
<b>I_Work_GrowthOps</b>			0.20	0.17			0.18	0.09			0.15	0.08			0.14	0.06
<b>I_Work_Overload</b>			-0.354*	-0.299*			-0.30	-0.15			-0.14	-0.07			-0.35	-0.15
<b>I_Work_JobIn</b>			-0.02	-0.03			-0.11	-0.08			-0.21	-0.16			0.34	0.21
<b>I_Work_ColRel</b>			-0.29	-0.17			0.11	0.04			-0.34	-0.12			0.39	0.11
<b>I_Work_Control</b>			0.25	0.19			-0.05	-0.02			-0.41	-0.20			-0.50	-0.19
<b>I_Work_Rewards</b>			-0.18	-0.20			-0.11	-0.07			0.14	0.10			0.15	0.08
<b>R Square</b>			0.38				0.60				0.35				0.54	
<b>R Square Change</b>			0.11				0.02				0.07				0.09	

Note: \* $p < 0.05$ ,  $p < 0.01$ ; I\_GH\_Xxx = Interaction variable between work and each job demand and job resource

**Moderating Effect of Perceptions of WHP Impact.** In order to test the moderation model in which perceptions moderate the relationship between job demands and job resources, and positive work outcomes (employee resilience, engagement, well-being and affective commitment), a hierarchical regression analysis was performed. The interaction terms were entered in Step 2 of the hierarchical regression analysis, there were two significant results. The first is depicted in Figure 5, representing the moderation effect of the perceptions of WHP initiatives impact on well-being when it was regressed on the relationship between overload and employee resilience. This yielded a significant interaction



*Figure 5: Interaction effect between Work Overload and Employee Resilience, with a moderation effect of the Impact of Well-being*

( $\beta = 0.33$ ,  $*p < 0.05$ ).

This means that those who perceived that the WHP initiative had a high impact on their well-being report higher resilience when job overload is high compared to those who perceived the WHP initiatives to have a low impact on their well-being.

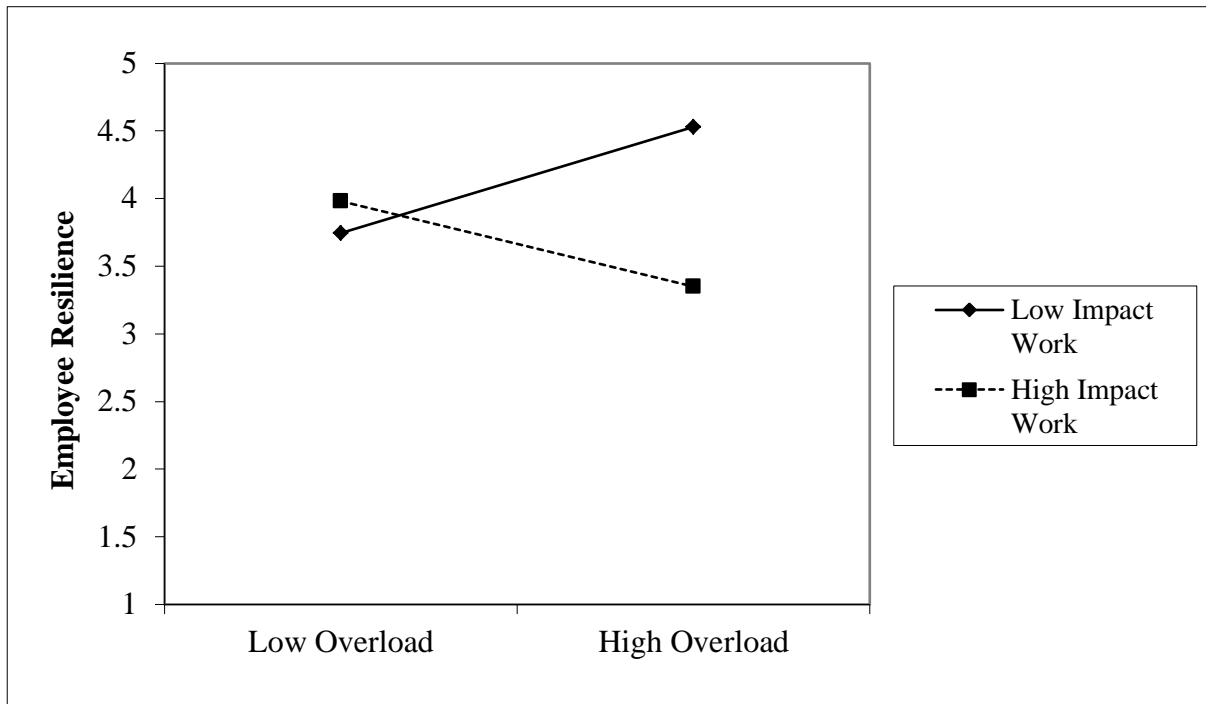
### **3.3.2. Perceptions of WHP Initiatives Impact on General Health**

**Main effects of Job Demands and Resources.** The moderation regression analyses examining the impact of WHP initiatives on general health are represented in Table 3. As can be seen in Step 1, the predictors explained a significant proportion of variance in employee resilience ( $R^2=0.26$ ), of the predictors, growth opportunities was positively related to employee resilience ( $\beta = 0.18$ ,  $*p < 0.05$ ); for engagement, the predictors explained a significant proportion of variance ( $R^2=0.54$ ), and of the predictors growth opportunities, overload and job insecurity were positively related to engagement; for well-being, the predictors explained a significant proportion of variance ( $R^2=0.24$ ); and for affective commitment, the predictors explained a significant proportion of variance ( $R^2=0.44$ ), and of the predictors growth opportunities and control were positively related to affective commitment.

### **3.3.3. Perceptions of WHP Initiatives Impact on Work**

**Main effects of Job Demands and Resources.** The moderation regression analyses examining the impact of WHP initiatives on well-being are represented in Table 4. As can be seen in Step 1, the predictors explained a significant proportion of variance in employee resilience ( $R^2=0.27$ ), of the predictors, growth opportunities was positively related to employee resilience ( $\beta = 0.19$ ,  $*p < 0.05$ ); for engagement, the predictors explained a significant proportion of variance ( $R^2=0.57$ ), and of the predictors organisational support, growth opportunities, overload and rewards were positively related to engagement; for well-being, the predictors explained a significant proportion of variance ( $R^2=0.28$ ); and for affective commitment, the predictors explained a significant proportion of variance ( $R^2=0.45$ ), and of the predictor growth opportunities were positively related to affective commitment.

**Moderating Effect of Perceptions of WHP Impact.** The second result, which is depicted in Figure 6, occurred when the moderating effect of the perception of the impact on work was regressed on the relationship between overload and employee resilience ( $\beta = -0.35$ ,  $*p < 0.05$ ).



*Figure 6:* Interaction effect between Work Overload and Employee Resilience, with a moderation effect of the Impact of Work

This means that those who perceived the WHP initiatives to have a high impact on their work reported lower levels of resilience when job overload is high compared to those who perceived the WHP initiatives to have a high impact on their work.

## **4. Chapter 4**

### **Discussion**

Organisations are always looking for new ways to enhance productivity and financial performance, to distinguish themselves from other competitors and to become market-led (Shain & Kramer, 2004). This has led to employers putting a major focus on improving their employees' health and well-being by implementing workplace health promotion (WHP) initiatives (Riedel et al., 2001). Many studies have determined that when organisations focus on improving employees' health and well-being, organisational outcomes such as productivity and engagement are enhanced, while absenteeism and turnover are reduced (cf. Cho, Laschinger, & Wong, 2006; Clinton et al., 2008; Danna & Griffin, 1999; Saks, 2006). However, few studies have investigated employees' perceptions of WHP initiatives, even though the employees are the target audience (Nöhammer et al., 2013). Hence, the purpose of this study was to expand on the limited existing knowledge of employees' perceptions of WHP initiatives.

#### **4.1. Overview of Results**

##### **4.1.1. Perception of Impact on Well-being, General Health and Work**

The present study found that approximately a third to half of employees perceive WHP initiatives to have an impact on their well-being, general health or their work. This indicated that in the organisations sampled, the majority did not think that the initiatives their organisations engaged in really mattered for their well-being, general health or work. This may be due to the type of interventions, the timing of the survey, or the type of measures used. Future studies may attempt to delve deeper into the different aspects of the interventions to investigate if some components are more beneficial than others.

#### **4.1.2. Effect of WHP Initiatives on JDR and Work Outcomes Relationship**

It was expected that job demands would be negatively related with positive work outcomes and job resources would be positively related with work outcomes. Job demands such as overload and job resources such as growth opportunities, had varying results, but were generally consistent with these expectations. However, some coefficients were trending towards the unexpected direction, such as the positive relationship between job insecurity and engagement. Again, this could have been due to the measures or the type of intervention, and further studies should investigate this inconsistency further.

There was one significant main effect of the perception of the impact of WHP initiatives on work – the effect on engagement. This is interesting because this highlights the fact that the perception of WHP initiatives on the impact on well-being actually predicted engagement levels, and further research could investigate this relationship more closely.

Results from this study also suggest that employee perceptions of WHP initiatives may have a moderating effect on the relationship between job overload and employee resilience, which is demonstrated by the interaction effects in Figures 5 and 6. The perception of the impact of WHP initiatives on well-being was of particular interest (Figure 5) – employees who perceived the WHP initiatives to have a high impact on well-being had higher resilience when job overload was high compared to those who perceived the WHP initiatives to have a low impact on their well-being. The interaction between employee resilience and work overload was more prominent when the employees' perception of the impact on work was accounted for (Figure 6).

Employees who perceived the WHP initiatives to have a high impact on their work reported lower levels of resilience when job overload is high compared to those who perceived the WHP initiatives to have a high impact on their work. This was contrary to what was expected. This may be because people low in resilience may be the ones who need the



intervention the most, and thus report more impact, but in a cross-sectional study, it is difficult to see what comes first – the perception of the impact or employee resilience.

The other 19 interactions that were examined were non-significant. This could have been due to the limited sample size, or the fact that the impacts were measured on a dichotomous scale ('yes' and 'no') which may limit the variance in this variable.

#### **4.2. Implications for Industrial Organisational Psychology**

Employees' perceptions of WHP initiatives are meaningful in determining what initiative is most suited to the organisation. Organisations will be able to use this research as a basis in order to guide them to an understanding of what is going to be most beneficial to them with regards to implementing a WHP initiative. Payne (2006) determined that the more tailored a WHP initiative is to the organisation's demands and constraints such as structure, culture, strategy and technology, the greater the organisation's financial performance. The most effective way to go about developing a tailored program is by gathering perceptions and information from the employees pertaining to what they think will benefit them and the organisation the most. Grawitch and colleagues (2009) determined that employees' involvement in WHP initiatives is critical to the success of any workplace program, and if employees do not see the short- and long-term benefits of WHP initiatives, participation rates will be low and the program will not have a significant effect on the organisation.

Similarly, perceptions of employees who participate in the WHP initiatives influence the extent of the impact and the effect of the program on the organisation. For example, the five broad categories of practices that describes a framework for creating a healthy workplace – work-life balance, employee growth and development, health & safety, recognition and employee involvement – devised by Grawtich and colleagues (2006; see also Figure 1), can be applied broadly to OD practices. They provided evidence that programs that target these

categories can enhance organisational effectiveness including productivity, financial performance, and reduce employee specific outcomes such as absenteeism and turnover.

The conclusions drawn from previous research and this study can be expanded to not only WHP initiatives, but any Organisational Development (OD) practice used to enhance the workplace and its performance. OD practices can include clarification of role expectations and responsibilities among team members, improving problem-solving, decision-making and planning by team members, developing a mission, a vision and a set of goals, and building cohesion and unity within the team. All of these practices may be enhanced if the organisations involve the employees and their perceptions, not necessarily about how they ‘feel’ about the practice, but more about ideas and feedback about how the team should go about achieving particular tasks. For example, within a team, there will be people with different views on how best to go about achieving team unity, or about how they should go about problem-solving and decision-making. It is crucial that the team are central to the process; the program will have more of an effect if the target audience is receptive to it; thus they need to be included in the development and implementation of the program (Levi, 2010).

#### **4.3. Practical Applications**

The workplace is not the only place in which health and well-being is a key focus; schools, hospitals and cities invest a lot of money into enhancing the health and well-being of children, hospital patients and communities as a whole (cf. Children's Commissioner's Expert Advisory Group in Solutions to Child Poverty, 2012; Ministry of Health, 2003; The University of Auckland, 2014). Applying this research more broadly by asking the perceptions of the target audience about the initiative/program, will optimise participation in the initiative/program, and will contribute to the greater success.

#### **4.4. Study Limitations**

The results from this study should be considered in light of its limitations. Given the nature of this field of research, this study used self-report measures. This raises concern about the effect of social desirability bias on the results. One cannot be sure as to whether the participants answered with 100% honesty, regardless of the anonymity and the encouragement to answer honestly throughout the questionnaire. This may have a skewing effect. Similarly, some of the sample may have been affected by a method bias, with multiple-item self-report scales measuring perceptions being presented in the same survey. This could have led to spurious effects due to the measurement instruments contributing to variance rather than the constructs. Due to the particular focus of this study – perceptions – the effects of self-report were expected. Further to this, the perceptions were rated on a dichotomous scale ('yes' or 'no'), which may not have appropriately represented the impact of the WHP initiative. For example, the employee may have felt as if it had an impact, but not worthy enough to mention.

Given the cross-sectional study design, in this study we cannot be sure that the perceptions of WHP initiatives causes the job demands and job resources to cause greater positive work outcomes, or that the implementation of WHP initiatives enhance the positive work outcomes. Experimental and longitudinal studies will result in more definite conclusions that can be drawn about the relationship between the job demands and job resources and organisational outcomes, and the extent to which perceptions of workplace health initiatives has on these relationships.

#### **4.5. Suggestions for Future Research**

Future research should investigate, longitudinally, a broader variety of health and well-being aspects, such as the long-term benefits of participating in a workplace health and well-being program with respect to both the physical/physiological and psychological aspects

(for example, physical fitness, cholesterol, blood pressure, job satisfaction and work-life balance). Also, more of a focus on the antecedents of the relationship, for example examining employee perceptions of specific job demands or resources, and tailoring a program based on these by targeting the improvement/development of job demands and job resources (for example providing the necessary resources such as time and knowledge), could be beneficial. Further clarifying the relationship and the effect that exists between these variables – job demands and job resources, perceptions of WHP initiatives and organisational outcomes – would contribute to more definite conclusions being able to be made. Developing a reliable and valid scale that could be used to measure employees' perceptions of WHP initiatives would facilitate assessing these perceptions in future research. Future studies could measure employee perceptions on a reliable and valid scale where employees could rate their perception of impact on a Likert scale, with anchors ranging from 'not at all' to 'great impact'.

Different classifications of job types, such as office worker or labourer, would most likely have different perception of workplace health promotion initiatives. Therefore, assessing comparison groups of lines of work within the same industry, such as office worker vs. a factory worker in the dairy industry, would provide insight as to how best to target particular job types. These groups are also more likely to have different areas of focus, for example labourers may get enough physical exercise as a part of their job and so not see any benefit of incorporating this into an OD program, but office workers who sit down most of the day may rate this more highly. Also, future research should delve deeper into what employers and employees alike want, as an outcome, from WHP initiatives. This will provide organisations with a broad framework that would allow them to provide the necessary tools to support their employees and help them thrive within and outside the workplace.

For future research, if the perceptions of the target audience for any OD practice are sought, then the outcomes of the practice will be enhanced. These can include organisational outcomes such as financial performance, quality of products and services, customer satisfaction, organisational flexibility, cost of effectiveness, and employee outcomes such as personal feelings of effectiveness and job, work and life satisfaction (Denison & Spreitzer, 1991; Kraimer et al., 2011). Building on the importance of employee involvement discussed by Grawitch and colleagues (2006), future research could experimentally design a WHP initiative, for example by having three different workplace groups (controlling for as many variables as possible) – a control group, a group that participates in the initiative and a group that is involved in the planning and design of the initiative. This could help determine the real-world impact of including the employees in the design phase. It could also give further insight into the effectiveness of WHP initiatives.

#### **4.6. Conclusion**

A lot of research has investigated the positive work outcomes that result due to implementation of WHP initiatives (cf. Aldana & Pronk, 2001; Anderson et al., 2009; Conn et al., 2009; Danna & Griffin, 1999; Harter et al., 2002; McCraty et al., 2003; Mills, Kessler, Cooper, & Sullivan, 2007; Schaufeli & Bakker, 2004; Shain & Kramer, 2004; Stokols et al., 1996; Zwetsloot et al., 2010). However, very few have explored the perceptions of those employees whom have participated in WHP initiatives, even though they form the primary target group (Nöhammer et al., 2013).

The present study investigated employees' perceptions, which contributes to the existing knowledge on WHP initiatives. It emphasised the importance of not only investing in WHP initiatives, but tailoring them to suit the organisation's demands and constraints, and the needs of the employees. When the expectations of the wants and needs of the employees are met, this will lead to an increase in motivation, adherence and participation in WHP

initiatives (Nöhammer et al., 2011). Ultimately, if the employees do not see the personal benefits of WHP initiatives, participation rates will be low, and neither the employee nor the organisation will see optimum results. If employers want to enhance organisational productivity and performance, they should invest the time, money and energy necessary to develop a tailored WHP initiative. This will result in optimum results for both employees and employer.

## 5. Chapter 5

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## **6. Chapter 6**

### **Appendices**

#### **6.1. Appendix A – Catchy Information Sheet**

Give us 10 minutes of your time – be into win shopping vouchers!!

We need your help in understanding your perceptions about workplace wellness programs.

The information you provide will contribute to our knowledge about how organisations can support their employees' well-being.

Please help us by filling out the survey; it will only take up 10 minutes of your time and will provide us with important information. At the end of the survey, you will have the option to enter a prize draw to win one of two \$100 Westfield vouchers.

We know you are busy, but would really appreciate your help.

We hope to have you onboard!

Click to here to go to the survey:

## **6.2. Appendix B – Introduction Sheet**

My name is Amelia Nichol and I am a Canterbury University Masters student. I am conducting research on workplace health and well-being interventions.

Your involvement in this project will be to fill out the survey provided as honestly as possible. Filling out the survey should take approximately 10 to 15 minutes.

You may receive a copy of the project results by contacting the researcher at the conclusion of the project. Participation is voluntary and anonymous, once the survey is completed and handed in, it will not be possible to withdraw your survey responses.

Upon completion of the survey you will be given the opportunity to sign up and go into the draw to win a voucher. This is optional. Your details for the prize draw will not be held with your survey responses.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your identity will not be known. To ensure anonymity and confidentiality, the data will be accessed by the researcher and supervisor only. The data will be securely stored and destroyed after five years. A thesis is a public document and will be available through the UC Library.

The project is being carried out as a requirement for Masters Dissertation by Amelia Nichol under the supervision of Katharina Naswall who can be contacted by email at [katharina.naswall@canterbury.ac.nz](mailto:katharina.naswall@canterbury.ac.nz). She will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch ([human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)).

### **6.3. Appendix C – Consent Form**

I understand what is required of me if I agree to take part in the research.

I understand that participation is voluntary and I may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain practically achievable.

I understand that any information or opinions I provide will be kept confidential to the researcher Amelia Nichol and research supervisor Katharina Naswall and that any published or reported results will not identify the participants. I understand that a thesis is a public document and will be available through the UC Library.

I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

I understand the risks associated with taking part and how they will be managed.

I understand that I am able to receive a report on the findings of the study by contacting the researcher at the conclusion of the project. I understand who to contact if I have concerns.

By clicking 'Next', I have read and understood the information above and I agreed to participate in this study.

## **6.4. Appendix D – Questionnaire**

This copy does not include the information sheet and the consent forms as would have done on the questionnaire each participant received. These can be found above in Appendices B and C.

### **Demographic Information**

1. What is your gender?
  - a. Male
  - b. Female
2. Age (comment)
3. What is the highest level of qualification/education you received? (comment)
4. What is your job title? (comment)
5. Is it...?
  - a. Supervisory
  - b. Office worker
  - c. Manual labour
  - d. Other
6. How long have you worked in your current job? (years, months; comment)
7. How long have you worked in your current industry? (years, months; comment)

### **Employee Resilient Behaviours (seven-point Likert scale)**

1. I effectively collaborate with others to handle challenges at work
2. I successfully manage a high workload for long periods time
3. I resolve crises competently at work
4. I effectively respond to feedback, even criticism
5. I re-evaluate my performance and continually improve to way I do my work
6. I approach managers when I need their support
7. I learn from mistakes at work and improve the way I do my job
8. I use change at work as an opportunity for growth
9. I seek assistance at work when I need specific resources

(Naswall et al., 2013)

### **Work Engagement (seven-point Likert scale)**

1. At my work, I feel bursting with energy
2. At my job, I feel strong and vigorous
3. When I get up in the morning, I feel like going to work
4. I can continue working for very long periods of time
5. At my job, I am very resilient, mentally
6. At my work, I always persevere, even when things do not go well
7. I find the work that I do full of meaning and purpose
8. I am enthusiastic about my job
9. My job inspires me
10. I am proud of the work that I do

11. To me, my job is challenging
12. Time flies when I am working
13. When I am working, I forget everything else around me
14. I feel happy when I am working intensely
15. I am immersed in my work
16. I get carried away when I am working
17. It is difficult to detach myself from my job

(Schaufeli & Bakker, 2003)

### **Well-being (seven-point Likert scale)**

Have you recently:

1. Been able to concentrate on what you are doing?
2. Lost much sleep over worry?
3. Felt that you are playing a useful part in things?
4. Felt capable of making decision about things?
5. Felt constantly under strain?
6. Felt you couldn't overcome your difficulties?
7. Been able to enjoy your normal day-to-day activities?
8. Been able to face up to your problems?
9. Been feeling unhappy or depressed?
10. Been losing confidence in yourself?
11. Been thinking of yourself as a worthless person?
12. Been feeling reasonably happy, all things considered?

(Goldberg & Williams, 1988)

### **Job Demands-Resources (seven-point Likert scale)**

1. Do you receive sufficient information on the results of your work?
2. Do you receive sufficient information on the purpose of your work?
3. Does your direct supervisor inform you about how well you are doing?
4. Do you know exactly what your supervisor thinks of your performance?
5. Are you kept adequately up-to-date about issues in the Department?
6. In your work, do you feel appreciated by your supervisor?
7. Do you get on well with your supervisor?
8. Do you know exactly what other people expect of you in your work?
9. Can you discuss work problems with your direct supervisor?
10. Can you count on your supervisor when you come across difficulties?
11. Do you know exactly for what you are responsible and what not?
12. Can you participate in decisions about the nature of your work?
13. Does your job offer you the possibility of independent thought?
14. Do you have freedom in carrying out your work activities?
15. Does your work give you the feeling that you can achieve something?
16. Do you have any influence in the planning of your work activities?



17. Does your work make sufficient demands on all your skills?
18. Does your job offer you opportunities for personal growth?
19. Do you have enough variety in your work?
20. Do you work under time pressure?
21. Do you have to be attentive to many things at the same time?
22. Do you have too much work to do?
23. Do you have to remember many things in your work?
24. Are you confronted in your work with things that affect you personally?
25. Does your work put you in emotionally upsetting situations?
26. Do you have contact with difficult children in your work?
27. Do you need to be more secure that you will keep your job next year?
28. Do you need to be more secure that you will still be working in one year?
29. Do you need to be more secure that you will keep your level next year?
30. If necessary can you ask your colleagues for help?
31. Can you count on your colleagues when you come across difficulties?
32. Do you get on well with your colleagues?
33. Does your job give you the opportunity to be promoted?
34. Is it clear whom you should address within the Department?
35. Do you have a direct influence on your school's decisions?
36. Is the Department's decision-making process clear to you?
37. Do you have contact with colleagues as part of your work?
38. Can you live comfortably on your pay?
39. Do you think you are paid enough for the work that you do?
40. Does your job offer you the possibility to progress financially?
41. Do you think that the Department pays good salaries?

(Demerouti et al., 2001)

**Affective Organisational Commitment (seven-point Likert scale)**

1. I would be very happy to spend the rest of my career with this organization
2. I enjoy discussing my organization with people outside of it
3. I really feel as if this organization's problems are my own
4. I think that I could easily become as attached to another organization as I am to this one
5. I do not feel like "part of the family" at my organisation
6. I do not feel "emotionally attached" to this organisation
7. This organisation has a great deal of personal meaning for me
8. I do not feel as strong sense of belonging to my organisation

(Fields, 2002)

### **Perceptions of Workplace Wellbeing Interventions**

1. Has the company gone through an intervention?
  - a. Yes
  - b. No
2. Did you find the wellness intervention beneficial?
  - a. Yes
  - b. No
3. Do you think this intervention has had/is having an impact on your wellbeing?
  - a. Yes
  - b. No
4. If so, how?
5. Do you think this intervention has had/is having an impact on your general health?
  - a. Yes
  - b. No
6. If so, how?
7. How does good health help you achieve the things that are important to you?
8. What values and importance do staff place on promoting staff wellbeing?
9. Do you perceive that the intervention has had/is having an impact on your work?
  - a. Yes
  - b. No
10. If so, what evidence do you have for this?

### **Closing remarks**

Thank you very much for your time.

If you choose to, please enter a contact email to go in the draw to win one of two \$100 Westfield vouchers.